د FORM D UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 RECEIVED

JUL 1 1 2007

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR ŰNIFORM LIMITED OFFERING EXEMPTION

OND ALL KOVAE
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per form16

SEC USE ONLY					
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186		
Name of Offering (check if this is an amendment and name has changed, and indicate of	change.)	
Series E Preferred Stock		
Filing Under (Check box(es) that apply): Rule 504 Rule 505	☐ Rule 506 ☐ Section 4(6) ☐ ULOE	
Type of Filing: New Filing Amendment		
A. BASIC IDENTIFICATION DA	DATA	
Enter the information requested about the issuer		1201
Name of Issuer (check if this is an amendment and name has changed, and indicate of	change.)	41
Streaming21, Inc.		M
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Inc.	(00)
4010 Moorpark Avenue, Suite 106, San Jose, CA 95117	408-557-8080 07071387	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Inc	
14 FL., No.35, Sec. 3 MinChiuan E. Rd., Taipei Taiwan, ROC	886-2-2500-0680	_
Brief Description of Business		
Provider of broadcast and media-on-demand software solutions	**	_
Type of Business Organization		
☐ limited partnership, already formed	other (please specify): PROCESS	
□ business trust □ limited partnership, to be formed		_
Month	Year 99 RActual Disciplated JUL 1 3 200	17
Actual or Estimated Date of Incorporation or Organization: 02	99 E Actual Estimated	,
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrev	viation for State:	ð
CN for Canada; FN for other foreign jurisdiction)	CA FINANCIAI	

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offer ing, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Joe Lin			·
Business or Residence Address (Number and Street, City, State, Zip Code)			
4010 Moorpark Avenue, Suite 106, San Jose, CA 95117			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Hans G. Shreck			
Business or Residence Address (Number and Street, City, State, Zip Code)			
4010 Moorpark Avenue, Suite 106, San Jose, CA 95117			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Doris Yee			
Business or Residence Address (Number and Street, City, State, Zip Code)			
4010 Moorpark Avenue, Suite 106, San Jose, CA 95117			
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			-
Kong-Chi Hsieh			
Business or Residence Address (Number and Street, City, State, Zip Code)			
4010 Moorpark Avenue, Suite 106, San Jose, CA 95117			
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
iGlobe Partners Fund, L.P.			
Business or Residence Address (Number and Street, City, State, Zip Code)			
5201 Great America Parkway, Suite 320, Santa Clara, CA 95054	· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
TVM III Limited Partnership			
Business or Residence Address (Number and Street, City, State, Zip Code)			
101 Arch Street, Suite 1950, Boston, MA 02110	<u>-</u>	· 	
(Use blank sheet, or copy and use addition	onal copies of this sheet, as	necessary.)	

	B. INFORMATION ABOUT OFFERING		
		Yes	No
 Has tl 	e issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		×
	Answer also in Appendix, Column 2, if filing under ULOE.		
2. What	is the minimum investment that will be accepted from any individual	\$	
3. Does	the offering permit joint ownership of a single unit?	Yes ເ×	No
4. Enter	the information requested for each person who has been or will be paid or given, directly or indirectly, any commis-		
	r similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states,		
list th	name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker		
or dea	aler, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual)		
	N/A	_	
Business or	Residence Address (Number and Street, City, State, Zip Code)		
Name of As	spiciated Broker or Dealer		
States in W	hich Person Listed Has Solicited or Intends to Solicit Purchasers		
	All States" or check individual States)		States
[AL]	[AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]	Buttes
[IL]	[IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[MO] [PA]	
[MT] [RI]	[NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PR]	
Full Name	Last name first, if individual)		
Business or	Residence Address (Number and Street, City, State, Zip Code)		
Name of As	ssociated Broker or Dealer		
States in W	hich Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "	All States" or check individual States)		States
[AL]	[AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]	
[]L] [MT]	[IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [OH] [OK] [OR]	[MO] [PA]	
[RI]	(SC) [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PR]	
Full Name	(Last name first, if individual)		
Business or	Residence Address (Number and Street, City, State, Zip Code)		
Name of As	ssociated Broker or Dealer		
	·		
States in W	hich Person Listed Has Solicited or Intends to Solicit Purchasers		
	All States" or check individual States)	□ Al¹	l States
[AL]	[AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]	2.0100
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[MT] [RI]	[NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amounted sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offer check this box □ and indicate in the columns below the amounts of the securities offered for exchange of the securities of the se	ing,	
and already exchanged. Type of Security (Series E Preferred Stock)	Aggregate Offering Price	Amount Already Sold
Debt	\$	_ \$
Equity	\$_2,000,000.00	\$ 2,000,000.00
□ Common ☑ Preferred		
Convertible Securities (including warrants)	\$	_ \$
Partnership Interests	\$	_ \$
Other (Specify)		
Total	\$ <u>2,000,000.00</u>	\$_2,000,000.00
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		\$ <u>2,000,000.00</u>
Non-accredited Investors		
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months price to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of Offering	Type of Security	Dollar Amount Sold
Rule 505	···	\$ <u> </u>
Regulation A		\$0
Rule 504	···	\$0
Total	••	\$0
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issue. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	er.	
Transfer Agent's Fees		\$0
Printing and Engraving Costs		\$0
Legal Fees		\$ 68,300.
Accounting Fees		\$0
Engineering Fees		\$0
Sales and Commissions (specify finders' fees separately)		\$
Other Expenses (identify)		\$
Total		\$ 68,300
1041	U	+ <u>001007</u>

		C OFFEDING BRICE NUMBER	DOCINVESTODS EVDENSES AND I	(CE	OF DDOCEED	<u> </u>	
	tion 1 and	the difference between the aggregate offe total expenses furnished in response to Part gross proceeds to the issuer."	C - Question 4.a. This difference is the	<u>ob</u>	OF PROCEED		1,931,700
3.	Indicate bel used for eac estimate an	ow the amount of the adjusted gross proced of the purposes shown. If the amount deficient the box to the left of the estimated justed gross proceeds to the issuer set for	eeds to the issuer used or proposed to be for any purpose is not known, furnish an e. The total of the payments listed must			J .	1,221,700
					Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries a	nd fees			\$1,500,000.		\$
	Purchase	of real estate		_	\$	_	\$
	Purchase,	rental or leasing and installation of machin	ery and equipment	-	\$		\$
	Construct	tion or leasing of plant buildings and facilit	es		\$		\$
	that may	on of other businesses (including the valu be used in exchange for the assets or sec	curities of another issuer pursuant to a		\$	- 🗆	\$
<u>.</u>	Repayme	nt of indebtedness		\$		\$	
	Working	capital		×	\$431,700.		\$
	Other (spe	ecify):			\$. 0	\$
					\$. 🗆	\$
	Column T	rotals			\$ <u>1,931,700.</u>		\$
	Total Pay	ments Listed (column totals added)			<u> </u>	5 <u>1,931,7</u> 0	<u>00.</u>
		<u> </u>	FEDERAL SIGNATURE				
foll	owing signati	uly caused this notice to be signed by the ure constitutes an undertaking by the issue the information furnished by the issuer to a	r to furnish to the U.S. Securities and Exc	char	ige Commission,	upon wi	
ssu	er (Print or T	ype)	Signature		Dat	e A 4.6	
	eaming21,		May in		Tul	<u> </u>	, 2007
	ne of Signer ((Print or Type)	Title of Signer (Print or Type)				
Nan			President and CEO		•		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

<u> </u>		E. STATE SIGNATURE		
١.		(d), (e) or (f) presently subject to any of the disqualification provisions	Yes □	No 🗷
	(See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertake. Form D (17 CFR 239.500) at such times as re	s to furnish to any state administrator of any state in which the quired by state law.	s notice	is filed, a notice
3.	The undersigned issuer hereby undertak issuer to offerees.	es to furnish to the state administrators, upon written request,	informat	on furnished by
4.	The undersigned issuer represents that the Limited Offering Exemption (ULOE) of of this exemption has the burden of establishing	he issuer is familiar with the conditions that must be satisfied the state in which this notice is filed and understands that the ng that these conditions have been satisfied.	to be en issuer ela	titled to the Unifo iming the availabil
	ssuer has read this notification and knows the co signed duly authorized person.	ontents to be true and has duly caused this notice to be signed on its behalf	by the	
	(D: 4 T)	Signature Date		
	uer (Print or Type)	$\mathbf{h} = \mathbf{h} \cdot \mathbf{h}$		
Iss	reaming21, Inc.	Mersyler In July	2,20	007
Iss St		Mary for July Title of Signer (Print or Type) Tuly	J , 20	007

nt the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be nually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX						
1	Intend to non-a- investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
'AL	165	110		investors	Anount	Tilvestors	Amount	res	110		
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-\Z											
AR											
CA		· x	Series E Preferred	5	\$100,650.08	0	\$0.00		х		
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7 of 9

•	·			APF	PENDIX	·	_				
1		2	3		-	4			5		
	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
1		<u> </u>		Number of Accredited		Number of Non-Accredited					
ate	Yes	No		Investors	Amount	Investors	Amount	Yes	No		
ŢŢŢ											
NE		il									
NV									_		
NH								-			
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VT											
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VA.											
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wi											

		<u> </u>			APF	ENDIX				
1		2	!	3 Type of security			4			5 lification ate ULOE
	Intend to sell and aggregate offering price investors in State (Part B-Item 1)				Type of investor and amount purchased in State (Part C-Item 2)				(if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes		No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY										
PR										

END

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